

Receipt

Attorney Docket No. 26084-711

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Way, et al.) Group Art Unit: 2633
Serial Number: 09/839,693) Examiner: Not Assigned
Filing Date: April 19, 2001)
Title Method and Apparatus for Interleaved)
Optical Single Sideband Modulation)

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

There are errors with respect to the following, which are omitted, or misspelled:

Error in

Correct data

Applicant(s) names

Ming Chia Wu

Issuance of a corrected Filing Receipt is respectfully requested.

Applicant does not believe a fee is due at this time, as a previous request was made in the Completion of Filing Requirements-Nonprovisional Application on 8/9/01. However, the Commissioner is authorized to charge the fee of \$25.00 to Deposit Account 23-2415. The Commissioner is authorized to charge any other fees associated with this communication to the above Deposit Account.

Respectfully submitted

Dated: 10/4/01

By:

Paul Davis
Paul Davis, Reg. No. 29,294

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/839,693	04/19/2001	2633	1135	26084-711	15	55	13

021971
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650 PAGE MILL ROAD
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DOCKETED

UPDATED FILING RECEIPT



OC000000006797502

CONFIRMATION NO. 1787

Date Mailed: 09/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

-- ming -- Winston Way, Irvine, CA;
[Mong] Chia Wu, Irvine, CA;
Ming-Bing Chen, Irvine, CA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/575,811 05/22/2000
WHICH CLAIMS BENEFIT OF 60/187,383 03/07/2000

Foreign Applications

If Required, Foreign Filing License Granted 06/14/2001

Projected Publication Date: 01/03/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method and apparatus for interleaved optical single sideband modulation

Preliminary Class

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Bib Data Sheet

CONFIRMATION NO. 1787

SERIAL NUMBER 09/839,693	FILING DATE 04/19/2001 RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. 26084-711
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APPLICANTS

Winston Way, Irvine, CA;
Ming Chia Wu, Irvine, CA;
Ming-Bing Chen, Irvine, CA;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/575,811 05/22/2000
WHICH CLAIMS BENEFIT OF 60/187,383 03/07/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Method and apparatus for interleaved optical single sideband modulation

FILING FEE RECEIVED 1135	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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